

Reporting Other Coverage Discrepancy Training

Brown Bag Training 2016

Purpose of Today's Training

This training is designed to help providers navigate the ForwardHealth system when Medicare and other commercial insurance discrepancy billing issues arise. Providers should obtain clear understanding of required documents, forms, and attachments.

Agenda

- Reporting other coverage discrepancy
- Other Coverage Discrepancy Report
- Completing the Other Coverage Discrepancy Report
- Processing the Other Coverage Discrepancy Report
- Provider resources

Reporting Other Coverage Discrepancy

Providers are encouraged to report other health insurance and Medicare discrepancies to ForwardHealth by submitting the Other Coverage Discrepancy Report form, F-01159. Providers are asked to complete the form in the following situations:

- The provider is aware of other coverage information that is not indicated by Wisconsin's Enrollment Verification System (EVS).
- The provider received other coverage information that contradicts the information indicated by the EVS.
- A claim is denied because the EVS indicates commercial managed care coverage, but the coverage is not available to the member (e.g., the member does not live in the plan's service area).

Reporting Other Coverage Discrepancy (Cont.)

ForwardHealth uses many sources of information to keep accurate and current records of members' other coverage, including the following:

- Insurance Disclosure program
- Providers who submit an Other Coverage Discrepancy Report form
- Member certifying agencies
- Members

The Other Coverage Discrepancy Report

Providers may use the Other Coverage Discrepancy Report to notify ForwardHealth of discrepancies in the member's other health care coverage information. This form is mandatory and cannot be reproduced or altered.

The form is available on the Forms page of the Providers area of the ForwardHealth Portal at www.forwardhealth.wi.gov in two formats:

- PDF
- Microsoft® Word (This document is not recommended to be photocopied due to the barcode.)

The Other Coverage Discrepancy Report (Cont.)

(If applicable): Attach photocopies of current insurance cards along with any available documentation, such as Explanation of Benefits reports and benefit coverage dates/denials. This will allow records to be updated more quickly. Type or print clearly.

Allow five to seven business days for processing.

SECTION I — PROVIDER AND MEMBER INFORMATION

Name — Provider		Provider ID
Name — Member (Last, First, Middle Initial)	Date of Birth — Member	Member Identification Number

SECTION II — MEDICARE PART A AND B COVERAGE

Member Medicare / HIC Number			
<input type="checkbox"/> Add		<input type="checkbox"/> Change	
<input type="checkbox"/> Part A Coverage	Start Date	<input type="checkbox"/> Part A Coverage	End Date
<input type="checkbox"/> Part B Coverage	Start Date	<input type="checkbox"/> Part B Coverage	End Date

SECTION III — COMMERCIAL HEALTH INSURANCE, MEDICARE SUPPLEMENTAL, AND MEDICARE MANAGED CARE COVERAGE

<input type="checkbox"/> Add	<input type="checkbox"/> HMO	<input type="checkbox"/> Medicare Managed Care
<input type="checkbox"/> Change	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Other
Name — Insurance Company		
Address — Insurance Company (Street, City, State, ZIP Code)		
Name — Policyholder (Last, First, Middle Initial)		Social Security Number — Policyholder
Policy Number	Coverage Start Date	Coverage End Date

The Other Coverage Discrepancy Report (Cont.)

Member Left HMO Service Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Member Left HMO Service Area (If Applicable)
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Continued



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OTHER COVERAGE DISCREPANCY REPORT
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SECTION IV — REPORT INFORMATION		
Name — Individual Completing This Report	Date Signed	Telephone Number / Extension
Name — Source of Information Included on This Report		Telephone Number / Extension
Mail to ForwardHealth Coordination of Benefits PO Box 6220 Madison WI 53716-6220	Fax to Coordination of Benefits (608) 221-4567	Comments (Attach copy of insurance card.)

Completing the Other Coverage Discrepancy Report

Other Coverage Discrepancy Report requirement tips for a successful submission:

- Always complete Sections I and IV.
- Complete Sections II and III depending on the coverage information.
- Attach any additional information, photocopies of insurance cards, etc.
- Include the policyholder's date of birth.
- In Section IV, make sure to indicate an email or contact telephone number for the person completing this form.

Completing the Other Coverage Discrepancy Report (Cont.)

Providers need to complete the following fields in Sections II or III of the Other Coverage Discrepancy Report to request the removal of a termed policy:

- Check the Change box.
- Enter the end date of the termed plan.

Processing the Other Coverage Discrepancy Report

After receiving a completed Other Coverage Discrepancy Report, ForwardHealth confirms the information and updates the member files.

ForwardHealth may take up to two weeks to process and update the member's enrollment information. During that time, ForwardHealth verifies the insurance information submitted and adds, changes, or removes the member's other coverage information, as appropriate. If verification contradicts the provider's information, a written explanation is sent to the provider.

The provider should wait to submit claims until one of the following occurs:

- The provider verifies through Wisconsin's EVS that the member's other coverage information has been updated.
- The provider receives a written explanation.

Provider Resources

- ForwardHealth website — www.forwardhealth.wi.gov/
- Provider Services — for policy and billing questions, call 800-947-9627
- Professional Relations Representatives — for training needs, refer to map

Thank You
